

(b)(6) CIV NAVFAC MIDLANT, FEAD Beaufort

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**From:** (b)(6)  
**Sent:** Thursday, July 28, 2016 15:53  
**To:** (b)(6) CIV NAVFAC MIDLANT, FEAD Beaufort  
**Subject:** [Non-DoD Source] Re: N6945013D1766 0006 Old Veteran Con. Runway #14-32 MCAS Beaufort

Thank you that is great news I will let the rest of my team members now as well

Sent from my iPhone

> On Jul 28, 2016, at 2:51 PM, (b)(6) CIV NAVFAC MIDLANT, FEAD Beaufort

(b)(6) wrote:

> (b)(6)

> Good afternoon, I hope this finds you well and am sure this will make your day! Congratulation on the being the recipient of the award of the task order 0006 against contract N6945013D1766. Please see the attached documents.

> Please reply to this email to confirm receipt and acceptance of this contract.

> R,

> (b)(6)

> (b)(6)

> Contract Specialist / Contracting Officer NAVFAC-MIDLANT FEAD PO Box

> 9310 Bldg 616 Moore St. Rm 112 MCAS Beaufort, SC 29904

> Phone: (b)(6)

> DSN: (b)(6)

> Email: (b)(6)

> NOTICE: FOR OFFICIAL USE ONLY (FOUO) - This transmission may contain material covered by the Privacy Act of 1974 and should be viewed only by personnel having an official "need to know." If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the content of this information is prohibited. If you have received this communication in error, please notify me immediately by email and delete the original message.

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> <Award Letter 13D1766-0006 Runway #14-32.pdf>

> <N6945013D1766-0006 Old Veteran Construction (Runway 14-32).pdf>



**DEPARTMENT OF THE NAVY**  
NAVAL FACILITIES ENGINEERING COMMAND, MID-ATLANTIC  
9324 VIRGINIA AVENUE, NORFOLK, VA 23511-3095

IN REPLY REFER TO  
28 Jul 2016

Old Veteran Construction  
10942 S. Halsted  
Chicago, IL 60619

**Subj: CONTRACT N69450-13-D-1766 Task Order 0006, REPAIR/REPAVE RUNWAY #14-32, MCAS  
BEAUFORT, SC**

This letter is your Notice of Award in the amount of \$4,028,083.00. An electronic copy of the fully executed award is attached for your records. Performance and Payment Bonds are required for this project.

In addition, in accordance with FAR 52.236-26, Preconstruction Conference, you will be notified and required to attend a preconstruction conference for the subject contract.

The contract completion date is 27 June 2017. The (); the Construction Manager (CM), engineering technician (ET) and construction surveillance (CS) will be to be determined (TBD)

If you have any additional questions, please contact me at (b)(6), or e-mail (b)(6).  
Congratulations on your award!

Sincerely,

(b)(6)

Contracting Officer

Email (b)(6)

Phone (b)(6)

# ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF 26

1. CONTRACT/PURCH. ORDER / AGREEMENT NO. N69450-13-D-1766		2. DELIVERY ORDER / CALL NO. 0006		3. DATE OF ORDER / CALL (YYYYMMDD) 2016 Jul 28		4. REQ. / PURCH. REQUEST NO. ACQR4474914		5. PRIORITY				
6. ISSUED BY NAVFAC MID ATLANTIC FEAD MCAS BEAUFORT BLDG. 618, MOORE STREET P.O. BOX 9310 BEAUFORT SC 29904-9310				7. ADMINISTERED BY (if other than 6) <b>SEE ITEM 6</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)						
9. CONTRACTOR NAME AND ADDRESS OLD VETERAN CONSTRUCTION, INC. 1140 E 78TH ST CHICAGO IL 60619-3319		CODE 3G7C3		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <b>SEE SCHEDULE</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED				
13. MAIL INVOICES TO THE ADDRESS IN BLOCK <b>SEE SCHEDULE (WAWF CLAUSE)</b>												
14. SHIP TO NAVFAC MID ATLANTIC (b)(6) FEAD MCAS BEAUFORT BLDG. 618, MOORE STREET P.O. BOX 9310 BEAUFORT SC 29904-9310		CODE N40085		15. PAYMENT WILL BE MADE BY OFAS-CLEVELAND ATTN: SB-39, ACCOUNTS PAYABLE 1240 E 9TH STREET CLEVELAND OH 44199		CODE N68732		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.				
16. TYPE OF ORDER		DELIVERY / CALL <input checked="" type="checkbox"/>		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.								
		PURCHASE		Reference your quote dated Furnish the following on terms specified herein. REF:								
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.												
NAME OF CONTRACTOR				SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYYYMMDD)				
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:												
17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE												
See Schedule												
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/ SERVICES			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		<b>SEE SCHEDULE</b>										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA TEL: (b)(6) EMAIL: (b)(6) BY: (b)(6)		(b)(6)		25. TOTAL		\$4,028,083.00	
27a. QUANTITY IN COLUMN 20 HAS BEEN							CONTRACTING / ORDERING OFFICER		26. DIFFERENCES			
<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED												
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP NO.		29. DO VOUCHER NO.		30. INITIALS			
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS			<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR			
36. I certify this account is correct and proper for payment.					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER			
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.			
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.		

Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0003	2ND OPTION YEAR FOR THE DB IDIQ MACC FFP IGF::OT::IGF 0006 REPAIR RUNWAY #14-32 MCAS BEAUFORT IN ACCORDANCE WITH THE TERMS AND CONDITIONS DETAILED IN THE REQUEST FOR PROPOSAL (RFP) N69450-12-R-1761AND AMENDMENTS #01, 02, 03 and-04 and DVD, PROJECT #1361428 SPECIFICATIONS FOB: Destination PURCHASE REQUEST NUMBER: ACQR4474914	1	Project	\$4,028,083.00	\$4,028,083.00

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NET AMT	\$4,028,083.00
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ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
000301	FUND ACRN AA FFP Funding Doc. No.: M5016916RCM2002 CUSTOMER ACRN AA FOB: Destination MILSTRIP: M5016916RCM2002				\$0.00

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NET AMT	\$0.00
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ACRN AA	\$4,028,083.00
CIN: 00000000000000000000000000000000	

Section C - Descriptions and Specifications

STATEMENT OF WORK

PLANS AND SPECIFICATIONS WERE PROVIDED IN THE REQUEST FOR PROPOSAL (RFP) ,  
AMENDMENTS 1, 2, 3, AND 4 AND DVD.

Section E - Inspection and Acceptance

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0003	Destination	Government	Destination	Government
000301	N/A	N/A	N/A	Government

Section F - Deliveries or Performance

DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0003	27-JUN-2017	1	NAVEAC MID ATLANTIC (b)(6) FEAD MCAS BEAUFORT BLDG. 616, MOORE STREET P.O. BOX 9310 BEAUFORT SC 29904-9310 (b)(6) FOB: Destination	N40085
000301	N/A	N/A	N/A	N/A



8/2/2016

(b)(6)

Contracting Officer  
NavFac Mid-Atlantic  
9324 Virginia Ave.  
Norfolk, VA 23511-3095

Re: Performance & Payment Bonds and Certificate of Insurance  
N69450-13-D-1766 Task Order 0006  
Repair/Repave Runway #14-32, MCAS Beaufort, SC

Dear (b)(6):

Please find the Performance & Payment Bonds, as well as the Certificate of Insurance attached for project N69450-13-D-1766 Task Order 0006 – Repair/Repave Runway #14-32, MCAS Beaufort, SC for Old Veteran Construction, Inc.

If there is any additional information you may require from OVC, please do not hesitate to contact us at your earliest convenience.

Thank you and have a great day,

Ryan Delcourt  
Bidding Coordinator  
Old Veteran Construction, Inc.

10942 S. Halsted St, Chicago, IL 60641  
773-821-9900  
[Ryan.d@ovcchicago.com](mailto:Ryan.d@ovcchicago.com)

**COMMITMENT ♦ TEAMWORK ♦ DEDICATION ♦ INTEGRITY ♦ QUALITY ♦ RESPONSIVENESS**

10942 S. HALSTED STREET | CHICAGO, IL 60628 | PHONE: 773.821.9900 | FAX: 773.821.9911

[www.ovcchicago.com](http://www.ovcchicago.com)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/1/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Columbian Agency 1005 Laraway Road New Lenox IL 60451	<b>CONTACT NAME:</b> Michelle Haskell, CISR, CRIS	
	<b>PHONE (A/C No. Ext):</b> 815-215-4705 <b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b> mhaskell@columbianagency.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: Westfield Ins Co	24112
	INSURER B: Columbia Casualty Co	31127
	INSURER C: Illinois National Ins Co	23817
	INSURER D: Travelers Property Casualty	25674
	INSURER E:	
	INSURER F:	

**COVERAGES** **CERTIFICATE NUMBER:** 464728448 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> X, C, U Included <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CMM0968826	3/5/2016	3/5/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CMM0968826	3/5/2016	3/5/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		ZUP-31M53028-16-NF	3/5/2016	3/5/2017	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	WC049342401	3/5/2016	3/5/2017	X WC STATUS: <input type="checkbox"/> TORY LIMITS <input type="checkbox"/> OTH-ER E L. EACH ACCIDENT \$1,000,000 E L. DISEASE - EA EMPLOYEE \$1,000,000 E L. DISEASE - POLICY LIMIT \$1,000,000
B	Professional Liability		CPB6024598607	4/7/2016	4/7/2017	Limits Deductible 5,000,000 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: CONTRACT N69450-13-D-1766 Task Order 0006, REPAIR/REPAVE RUNWAY #14-32, MCAS Beaufort, SC

<b>CERTIFICATE HOLDER</b> NAVFAC Midlant FEAD Beaufort P.O. Box 9310 Beaufort SC 29904	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> K J. S.
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<b>BOND#</b> 8238-75-32	<b>PERFORMANCE BOND</b> (See instructions on reverse)	<b>DATE BOND EXECUTED</b> (Must be same or later than date of contract) 07/29/2016	<b>OMB Number:</b> 9000-0045 <b>Expiration Date:</b> 6/30/2016
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**PAPERWORK REDUCTION ACT STATEMENT:** Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. General Services Administration, Regulatory Secretariat (MVCB)/IC 9000-0045, Office of Governmentwide Acquisition Policy, 1800 F Street, NW, Washington, DC 20405.

<b>PRINCIPAL</b> (Legal name and business address) Old Veteran Construction, Inc. 10942 S. Halsted Street Chicago, IL 60628	<b>TYPE OF ORGANIZATION</b> ("X" one) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> CORPORATION <b>STATE OF INCORPORATION</b> Illinois								
<b>SURETY(IES)</b> (Name(s) and business address(es)) Federal Insurance Company 15 Mountain View Road Warren, NJ 07059	<b>PENAL SUM OF BOND</b> (whole numbers only) <table border="1"> <tr> <th>MILLION(S)</th> <th>THOUSANDS</th> <th>HUNDRED(S)</th> <th>CENTS</th> </tr> <tr> <td>4</td> <td>028</td> <td>083</td> <td>00</td> </tr> </table> <b>CONTRACT DATE</b> 07/28/2016 <b>CONTRACT NO.</b> N69450-13-D-1766	MILLION(S)	THOUSANDS	HUNDRED(S)	CENTS	4	028	083	00
MILLION(S)	THOUSANDS	HUNDRED(S)	CENTS						
4	028	083	00						

#### OBLIGATION

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we the sureties bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

#### CONDITIONS

The Principal has entered into the contract identified above.

#### THEREFORE

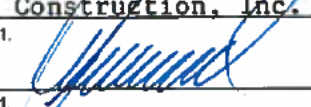

The above obligation is void if the Principal-

(a)(1) Performs and fulfills all the undertaking, covenants, terms, conditions, and agreements of the contract during the original term of the contract and any extensions thereof that are granted by the Government, with or without notice of the Surety(ies) and during the life of any guaranty required under the contract, and (2) performs and fulfills all the undertakings, covenants, terms, conditions, and agreements of any and all duly authorized modifications of the contract that hereafter are made. Notice of those modifications to the Surety(ies) are waived.

(b) Pays to the Government the full amount of the taxes imposed by the Government, if the said contract is subject to 41 U.S.C. Chapter 31, Subchapter III, Bonds, which are collected, deducted, or withheld from wages paid by the Principal in carrying out the construction contract with respect to which this bond is furnished.


#### WITNESS

The Principal and Surety(ies) executed this performance bond and affixed their seals on the above date.

<b>Old Veteran Construction, Inc.</b>		<b>PRINCIPAL</b>	
<b>SIGNATURE(S)</b>	1.  (Seal)	2. (Seal)	3. (Seal)
<b>NAME(S) &amp; TITLE(S)</b> (Typed)	1. Jose Maldonado, President	2.	3.
<b>INDIVIDUAL SURETY(IES)</b>			
<b>SIGNATURE(S)</b>	1. (Seal)	2. (Seal)	3. (Seal)
<b>NAME(S)</b> (Typed)	1.	2.	3.
<b>CORPORATE SURETY(IES)</b>			
<b>SURETY A</b>	<b>NAME &amp; ADDRESS</b>	<b>STATE OF INC.</b>	<b>LIABILITY LIMIT (\$)</b>
	Federal Insurance Company, 15 Mountain View Road, Warren, NJ 07059	Indiana	\$1,186,080.00
	<b>SIGNATURE(S)</b>	1. 	2.
	<b>NAME(S) &amp; TITLE(S)</b> (Typed)	1. Kevin J. Scanlon, Attorney-in-fact	2.
Corporate Seal			

**CORPORATE SURETY(IES) (Continued)**

<b>SURETY B</b>	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT (\$)	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		
<b>SURETY C</b>	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT (\$)	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		
<b>SURETY D</b>	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT (\$)	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		
<b>SURETY E</b>	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT (\$)	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		
<b>SURETY F</b>	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT (\$)	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		
<b>SURETY G</b>	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT (\$)	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		

<b>BOND PREMIUM</b>		<b>RATE PER THOUSAND (\$)</b> \$10.80/7.56/6.48	<b>TOTAL (\$)</b> \$30, 422.00
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**INSTRUCTIONS**

1. This form is authorized for use in connection with Government contracts. Any deviation from this form will require the written approval of the Administrator of General Services.

2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.

3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE

SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form, insert only the letter identification of the sureties.

(b) Where individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each individual surety, shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning their financial capability.

4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the words "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.

5. Type the name and title of each person signing this bond in the space provided.

<b>BOND#</b> 8238-75-32	<b>PAYMENT BOND</b> (See instructions on reverse)	<b>DATE BOND EXECUTED</b> (Must be same or later than date of contract) 07/29/16	<b>OMB Number:</b> 9000-0045 <b>Expiration Date:</b> 6/30/2016
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<b>PRINCIPAL</b> (Legal name and business address) Old Veteran Construction, Inc. 10942 S. Halsted Street Chicago, IL 60628		<b>TYPE OF ORGANIZATION</b> ("X" one)  <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> CORPORATION	
		<b>STATE OF INCORPORATION</b> Illinois	
<b>SURETY(IES)</b> (Name(s) and business address(es)) Federal Insurance Company 15 Mountain View Road Warren, NJ 07059		<b>PENAL SUM OF BOND</b> (Whole numbers only)	
		<b>MILLION(S)</b> 4	<b>THOUSAND(S)</b> 028
		<b>HUNDRED(S)</b> 083	<b>CENTS</b> 00
		<b>CONTRACT DATE</b> 07/28/2016	<b>CONTRACT NO.</b> N69450-13-D-1766

**OBLIGATION:**

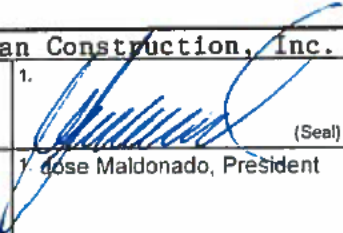
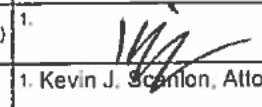
We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit is indicated, the limit of liability is the full amount of the penal sum.

**CONDITIONS:**

The above obligation is void if the Principal promptly makes payment to all persons having a direct relationship with the Principal or a subcontractor of the Principal for furnishing labor, material or both in the prosecution of the work provided for in the contract identified above, and any authorized modifications of the contract that subsequently are made. Notice of those modifications to the Surety(ies) are waived.

**WITNESS:**

The Principal and Surety(ies) executed this payment bond and affixed their seals on the above date.

<b>Old Veteran Construction, Inc.</b>		<b>PRINCIPAL</b>	
<b>SIGNATURE(S)</b>	1.  (Seal)	2. (Seal)	3. (Seal)
<b>NAME(S) &amp; TITLE(S)</b> (Typed)	1. Jose Maldonado, President	2.	3.
<b>INDIVIDUAL SURETY(IES)</b>			
<b>SIGNATURE(S)</b>	1. (Seal)	2. (Seal)	
<b>NAME(S)</b> (Typed)	1.	2.	
<b>CORPORATE SURETY(IES)</b>			
<b>SURETY A</b>	<b>NAME &amp; ADDRESS</b>	<b>STATE OF INC.</b>	<b>LIABILITY LIMIT</b>
	Federal Insurance Company, 15 Mountain View Road, Warren, NJ 07059	Indiana	\$ 1,186,080.00
<b>SIGNATURE(S)</b>	1.  (Seal)	2.	
<b>NAME(S) &amp; TITLE(S)</b> (Typed)	1. Kevin J. Scanlon, Attorney-in-fact	2.	



Corporate Seal

**CORPORATE SURETY(IES) (Continued)**

<b>SURETY B</b>	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		
<b>SURETY C</b>	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		
<b>SURETY D</b>	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		
<b>SURETY E</b>	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		
<b>SURETY F</b>	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		
<b>SURETY G</b>	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		

**INSTRUCTIONS**

1. This form, for the protection of persons supplying labor and material, is used when a payment bond is required under 40 U.S.C. Chapter 31, Subchapter III, Bonds. Any deviation from this form will require the written approval of the Administrator of General Services.

2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.

3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)."

In the space designated "SURETY(IES)" on the face of the form, insert only the letter identification of the sureties.

(b) Where individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each individual surety, shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning their financial capability.

4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the words "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.

5. Type the name and title of each person signing this bond in the space provided.

STATE OF Illinois $\frac{1}{2}$ 

COUNTY OF \_\_\_\_\_ Will \_\_\_\_\_

On this 29th day of July, 2016, before me personally appeared Kevin J. Scanlon, to me known, who, being by me duly sworn, did depose and say: that he reside(s) at New Lenox, Illinois; that he is/are the Attorney-in-fact

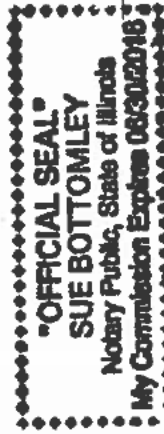
**Surely**

Company

## Acknowledgment

of \_\_\_\_\_ Federal Insurance Company \_\_\_\_\_, the corporation described

in and which executed and annexed instrument; that \_\_ he \_\_ know(s) the corporate seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; that \_\_ he \_\_ signed the same name(s) thereto by like order; and that the liabilities of said corporation do not exceed its assets as ascertained in the manner provided by law.



Sue Bottemley  
(Notary Public in and for the above)

(Notary Public in and for the above County and State)

My commission expires 06/30/2018



**Chubb  
Surety**

**POWER  
OF  
ATTORNEY**

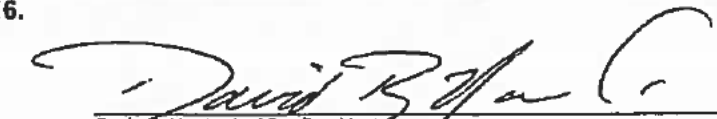
**Federal Insurance Company  
Vigilant Insurance Company  
Pacific Indemnity Company**

**Attn: Surety Department  
15 Mountain View Road  
Warren, NJ 07059**

Know All by These Presents, That FEDERAL INSURANCE COMPANY, an Indiana corporation, VIGILANT INSURANCE COMPANY, a New York corporation, and PACIFIC INDEMNITY COMPANY, a Wisconsin corporation, do each hereby constitute and appoint Gary A. Eaton, Rob W. Kegley, Jr., R.L. McWethy and Kevin J. Scanlon of New Lenox, Illinois -----

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations. In Witness Whereof, said FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY have each executed and attested these presents and affixed their corporate seals on this 6<sup>th</sup> day of January, 2016.

  
Dawn M. Chloros, Assistant Secretary

  
David B. Norris, Jr., Vice President



STATE OF NEW JERSEY

ss.

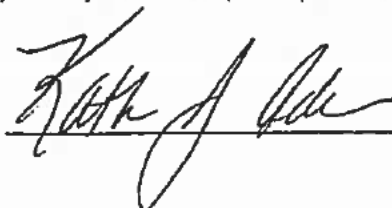
County of Somerset

On this 6<sup>th</sup> day of January, 2016 before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of the By-Laws of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with David B. Norris, Jr., and knows him to be Vice President of said Companies; and that the signature of David B. Norris, Jr., subscribed to said Power of Attorney is in the genuine handwriting of David B. Norris, Jr., and was thereto subscribed by authority of said By-Laws and in deponent's presence.

Notarial Seal



KATHERINE J. ADELAAR  
NOTARY PUBLIC OF NEW JERSEY  
No. 2318885  
Commission Expires July 16, 2019

  
Notary Public

**CERTIFICATION**

Extract from the By-Laws of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY:

"Except as otherwise provided in these By-Laws or by law or as otherwise directed by the Board of Directors, the President or any Vice President shall be authorized to execute and deliver, in the name and on behalf of the Corporation, all agreements, bonds, contracts, deeds, mortgages, and other instruments, either for the Corporation's own account or in a fiduciary or other capacity, and the seal of the Corporation, if appropriate, shall be affixed thereto by any of such officers or the Secretary or an Assistant Secretary. The Board of Directors, the President or any Vice President designated by the Board of Directors may authorize any other officer, employee or agent to execute and deliver, in the name and on behalf of the Corporation, agreements, bonds, contracts, deeds, mortgages, and other instruments, either for the Corporation's own account or in a fiduciary or other capacity, and, if appropriate, to affix the seal of the Corporation thereto. The grant of such authority by the Board or any such officer may be general or confined to specific instances."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY (the "Companies") do hereby certify that

- (i) the foregoing extract of the By-Laws of the Companies is true and correct,
- (ii) the Companies are duly licensed and authorized to transact surety business in all 50 of the United States of America and the District of Columbia and are authorized by the U.S. Treasury Department; further, Federal and Vigilant are licensed in the U.S. Virgin Islands, and Federal is licensed in Guam, Puerto Rico, and each of the Provinces of Canada except Prince Edward Island; and
- (iii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Warren, NJ this July 29, 2016



  
Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO NOTIFY US OF A CLAIM, VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT ADDRESS LISTED ABOVE, OR BY Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com